

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/18/2019
NAME OF PROVIDER OR SUPPLIER JAMES RIVER CONVALESCENT CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		
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F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 4/16/19 through 4/18/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during survey. The census in this 154 licensed bed facility was 141 at the time of the survey. The survey sample consisted of 41 current Resident reviews and 5 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-150 B1. Resident Rights. Cross Reference to F622, and F625. 12 VAC 5-371-250 (A, G). Resident Assessment and Care Planning. Cross Reference to F641 and F655 12 VAC 5-371-220 A. Nursing Services. Cross Reference to F675 and 758. 12 VAC 5-371-300 (L). Pharmacy Services. Cross Reference to F761. 12 VAC 5-371-290 B. C. Special Rehabilitative Services. Cross Reference to F825.	F 001	This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and the facility is in compliance with participation requirements. 12 VAC 5-371-150 B1. Resident Rights. Cross Reference to F622, and F625. F622 1. Residents' number #134, #52, #81, #80, #106, and #50 all returned from the Emergency Room or the hospital and therefore no corrective action can be taken with the residents at this time. 2. Residents that transferred to the Emergency or admitted into the hospital in the last 30 days and remain in the	5/17/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/02/19

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F 001	Continued From page 1 12 VAC 5-371-180 (A). Infection Control. Cross Reference to F880. 12 VAC 5-371-180 (C9). Infection Control. Cross Reference to F925.	F 001	Emergency Room or the hospital will be reviewed to ensure if the Transfer Summary, which includes the comprehensive care plan summary and goals, was sent with the resident. Any variances identified will be corrected. 3. The Director of Nursing/Designee will reeducate RNs and LPNs on conveying the Transfer Summary Report, which contains the comprehensive care plan and goals, and documenting in the clinical record the information was provided with the resident upon transfer or discharge to the hospital. 4. The Director of Nursing/Designee will review 20% of Emergency Room transfer or hospital discharges for six weeks to ensure the Transfer Summary Report which contains the comprehensive plan of care was sent and documented in the nursing notes. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly. F625 1. Residents' number #134, #52, #81, #80, #106, #54, and #50 all returned from the Emergency Room or the hospital and therefore no corrective action can be taken with the residents at this time. 2. Residents that transferred to the Emergency Room or were admitted into the hospital in the last 30 days will be reviewed to ensure if the Transfer Summary, which includes the Bed Hold Policy, was sent with the resident. Any variances identified will be corrected. 3. The Director of Nursing/Designee will	

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F 001	Continued From page 2	F 001	<p>reeducate RNs and LPNs on the Policy and Procedure of providing the Bed Hold Policy to the resident and documenting in the clinical record the information was conveyed with the resident upon transfer or discharge to the hospital.</p> <p>4. The Director of Nursing/Designee will review 20% of Emergency Room transfer or hospital discharges for six weeks to ensure the Transfer Summary Report, which contains the Bed Hold Policy, was sent and documented in the nursing notes. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>12 VAC 5-371-250 (A, G). Resident Assessment and Care Planning. Cross Reference to F641 and F655 F641</p> <p>1. The MDS with the ARD of 03/08/19 for resident #84 was modified to reflect accurate coding for section N for the use of an antipsychotic medication. The modified MDS was transmitted to CMS. The Resident Assessment Coordinators were reeducated on the importance of accurate completion of MDS regarding antipsychotic medications.</p> <p>2. The Assistant Director of Nursing/Designee will review all MDSs completed for the past 30 days to ensure accuracy of section N. Any variances identified will be corrected in accordance with the RAI manual. MDS staff will be responsible for ensuring accurate coding on all MDS assessments.</p> <p>3. The Director of Nursing/Designee will</p>	

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F 001	Continued From page 3	F 001	<p>in-service MDS coordinators on the importance of coding accuracy according to the RAI manual. The education will include, but is not limited to, a review of the RAI manual instruction for Section N and antipsychotic medications.</p> <p>4. The Assistant Director of Nursing/Designee will review 20% of MDSs completed weekly for six weeks to ensure accurate coding of section N for antipsychotic medications. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>F655</p> <p>1. The baseline care plan for resident #440 was updated and provides instructions needed to ensure effective person centered care including communication needs.</p> <p>2. The Director of Nursing/ designee has reviewed the baseline care plans of all newly admitted residents for whom the comprehensive care plan has not yet been created. The review was to ensure baseline care plans include the instructions needed to provide effective person centered care for communication needs. Baseline care plans were updated as needed.</p> <p>3. The Director of Education/designee will reeducate RNs and LPNs on Development and Implementation of Baseline Care Plans. The in-service will include, but not limited to, a review of the baseline care plan creation process and assessment of residents' individual needs. The care plan should also include</p>	

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F 001	Continued From page 4	F 001	<p>instructions to ensure the delivery of effective person centered care with special focus on communication needs.</p> <p>4. The Director of Nursing/designee will review the baseline care plans of all newly admitted residents weekly for six weeks. The review will ensure baseline care plans include the instructions needed to provide effective person centered care for communication needs. The Director of Nursing/designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>12 VAC 5-371-220 A. Nursing Services. Cross Reference to F675 and 758. F675</p> <p>1. Resident #440 was assessed for communication needs and appropriate communication device has been provided.</p> <p>2. The Director of Nursing/ designee has conducted an assessment of current residents with expressive aphasia to ensure their communication needs are met. Appropriate communication devices have been provided to residents, as needed.</p> <p>3. The Director of Education/designee has reeducated RNs and LPNs on Assessing Resident's Needs for Communication Devices. The in-service included but was not limited to the importance of appropriate assessment and identification of communication needs.</p> <p>4. The Director of Nursing /designee will perform weekly audits for six weeks of all newly admitted residents to ensure that each resident's individual communication</p>	

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F 001	Continued From page 5	F 001	<p>needs are assessed, and the appropriate communication devices are provided if needed. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>F758</p> <ol style="list-style-type: none"> 1. Resident #84 has been reevaluated by the physician and the PRN psychotropic medication has been discontinued. 2. The Director of Nursing/ designee has performed an audit of all residents receiving PRN psychotropic medications to ensure the 14-day stop date has been followed or the physician has documented rationale for continuance past 14 days. The physician was made aware of any orders lacking the required stop date or required physicians documentation and the orders were updated as directed by the physician. 3. The Director of Education/designee has reeducated RNs and LPNs on PRN Psychotropic Medications. The in-service included, but was not limited to, re-educating nurses on identifying psychotropic medication orders and ensuring the physician has documented rational for continuing the medication past 14 days. 4. The Director of Nursing /designee will perform weekly audits for six weeks of all residents with PRN psychotropic medication orders to ensure that each order has an appropriate stop date or the physician has documented rationale for continuance past 14 days. The Director of Nursing/Designee will identify any patterns 	

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F 001	Continued From page 6	F 001	<p>or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>12 VAC 5-371-300 (L). Pharmacy Services. Cross Reference to F761. F761</p> <p>1. The eye drop, Latanoprost, was discarded according to the facility medication destruction policy on April 18, 2019. The staff were reeducated on the requirement of disposing of medication after the use by date.</p> <p>2. The Director of Nursing/designee has performed inspection of all medication carts, refrigerators, and medication rooms to ensure all medications have been dated appropriately and discarded upon their expiration and/or use by date.</p> <p>3. The Director of Education/designee has reeducated RNs and LPNs on Labeling and Storage of Drugs and Biologicals. The in-service included, but was not limited to, a review of the facility's policy of Storage and Expiration Dating of Medications, as well as, the protocol for discarding medications.</p> <p>4. The Director of Nursing/designee will perform weekly inspections for six weeks of the medication refrigerators, medication carts, treatment carts, and medication storage areas to ensure all medications are dated when opened and have not expired. The Director of Nursing/designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>12 VAC 5-371-290 B. C. Special</p>	

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F 001	Continued From page 7	F 001	<p>Rehabilitative Services. Cross Reference to F825.</p> <p>F825</p> <ol style="list-style-type: none"> 1. The Speech Therapist has reassessed resident #440 for communication needs and a pad and writing device was made available to the resident for times when the resident has difficulty expressing needs to nursing staff. 2. The Director of Clinical Operations for Therapy Services/designee has performed an audit of all residents on speech therapy case load to ensure their communication needs are met and an appropriate communication device is provided to the resident if needed. 3. The Director of Clinical Operations for Therapy Services/designee has reeducated Speech Therapists on Assessing Residents Needs for Appropriate Communication Devices. The in-service included, but was not limited to, identification and assessment of residents with episodic communication needs and conveying the findings to nursing. 4. The Director of Clinical Operations for Therapy Services/designee will perform weekly audits for six weeks of all residents on speech therapy's case load to ensure each resident's individual communication needs are assessed, and if needed the appropriate communication devices are provided. The Director of Clinical Operations for Therapy Services/designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly. <p>12 VAC 5-371-180 (A). Infection Control.</p>	

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F 001	Continued From page 8	F 001	<p>Cross Reference to F880. F880</p> <ol style="list-style-type: none"> 1. Resident #42 was assessed and is without negative outcome. LPN #1 was re-educated on appropriate infection control practices during medication administration. 2. The Director of Nursing/ designee has performed five medication administration observations of LPN #1 to ensure adherence to appropriate infection control practices during medication administration. 3. The Director of Education/designee has reeducated RNs and LPNs on Medication Administration. The in-service included, but was not limited to, re-educating nurses on proper infection control during administration of medications. 4. The Director of Nursing/designee will perform five random medication administration observations weekly for six weeks to ensure adherence to appropriate infection control practices during medication administration. The Director of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement committee at least quarterly. <p>12 VAC 5-371-180 (C9). Infection Control. Cross Reference to F925. F925</p> <ol style="list-style-type: none"> 1. There was no evidence of roaches at the time of the inspection therefore, no corrective action could be taken to 	

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F 001	Continued From page 9	F 001	<p>address the complaint. Facility staff was reeducated on the importance of maintaining an effective pest control program.</p> <p>2. The Administrator/designee will inspect facility and continue to review pest control logs to ensure maintaining of an effective pest program. Any variance identified will be addressed immediately.</p> <p>3. Administrator/designee will reeducate facility staff on maintaining an effective pest control program. The in-service included, but not limited to, the policy on pest control and the procedure to contact the pest control company for services as needed.</p> <p>4. The Administrator/designee will inspect the facility and pest control logs weekly for six weeks to ensure facility is maintaining an effective pest control program. The Administrator/designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p>	